

CBC Survey “Tips” series

Understanding Staff Training

Learning Objectives

At the conclusion of this presentation you will be able to:

- Understand the OARs related to staff training in CBC facilities;
- Understand how survey reviews training records to determine compliance; and
- Understand ways your facility can ensure it is compliant with the rules.

Common Deficiencies

- Survey tends to find deficiencies in the following areas:
 - The facility does not have documentation training was completed;
 - The facility has not provided training on all the required topics;
 - The facility did not ensure the training was completed within the required timeframes.
- If the facility uses an outside provider for training (such as an online training course), the facility is responsible to ensure the required material is being covered. Further, survey will expect the facility to be able to show that the required topics are being provided.

Simplifying Training

- While, admittedly, some OARs are a little vague, the rules regarding training are specific. The required training topics and requirements are listed very clearly in the rules.
- The facility just needs to ensure its training program includes material on the topics listed in the rule.
- There are three components to the staff training requirements:
 1. Pre-Service Orientation
 2. Competency Training
 3. Annual In-Service Training

1. Pre-Service Orientation

- PRIOR to beginning their job responsibilities, all employees must complete an orientation that includes:
 - Residents' rights and the values of community-based care;
 - Abuse and reporting requirements;
 - Standard precautions for infection control; and
 - Fire safety and emergency procedures.
- If the staff member's duties include preparing food, they must have a food handler's certificate.
- All staff must receive a written description of their job responsibilities.

Meeting the Rule - here's what to do:

- The facility must show documentation that the employee has completed training on the orientation topics before s/he was scheduled to work on the floor.
- Survey will record the documented "hire date" and verify the employee completed orientation training on the pre-service topics before beginning direct care.
- There should be documentation the employee received a written job description.
- There should be documentation the employee has a valid food handler's card as applicable.

2. Competency Training

- The rule states: “The facility must have a training program that has a method to determine performance capability through a demonstration and evaluation process.”
- The rule then lists specific areas for which the employee must demonstrate knowledge and competency.
- Competency in all the required areas must be demonstrated and documented within the first 30 days of hire.

Interpretations

- Survey recognizes that competency in some of the required topics may not necessarily be easy to demonstrate. Competency in physical tasks is evident by the employee's capability to perform the task. However, competency in other required areas of training may need to be done by a question and answer method.
- If there was a delay in scheduling the new employee to start on the floor, survey will generally allow the employee 30 days to complete the training from that date, rather than from the hire date.

Interpretations — First Aid & Abdominal Thrust

- First Aid and abdominal thrust training must be completed within 30 days of hire. It is the facility's responsibility to schedule training accordingly.
- If the employee has valid proof of current training in First Aid and abdominal thrust, this is acceptable.
- First Aid may only be taught by a certified trainer; abdominal thrust may be taught by an RN.
- Online training is acceptable as long as the curriculum is certified by the ARC, AHA or AHSI.

A Thought about Competency Training...

- The purpose of requiring facilities to determine the competency of an employee is to ensure every staff is capable of providing adequate care and services to a vulnerable and dependent population independently and without the need for constant supervision.
- It is, therefore, critical that the person assigned to determine the employee's competency understands the responsibility s/he has: by signing off that the employee is competent, the reviewer is acknowledging that employee can **safely, effectively and consistently provide the required care to the residents in the facility.**

Meeting the Rule - here's what to do:

- The facility must show documentation that the employee has demonstrated competency in all the required areas within 30 days of starting on the floor. Generally, this involves indicating who determined the employee's competency in each area and on what date the employee's competency was determined.
- The facility must show proof the employee has current First Aid and abdominal thrust training or has completed the required training within the required 30 days.

3. Annual In-Service Training

- The rule states: “All direct caregivers must complete and document a minimum of 12 hours of in-service training annually on topics related to the provision of care for persons in a community-based care setting, including training on chronic diseases in the facility population.”

Interpretations

- Survey understands every facility needs to provide information on a variety of topics to its employees throughout the year. This can include new facility policies and procedures, information on benefits, etc.
- **However**, survey will only count topics related to providing care to residents in CBC settings toward the required 12 hours of annual in-service training.
- Fire and Life Safety training, including fire drills, as required in OAR 411-054-0090, shall be provided **in addition to** the required 12 hours of annual in-service training. **So fire safety doesn't count.**

Meeting the Rule - here's what to do:

- So that survey can determine if the requirement was met, the facility must document 3 pieces of information:
 1. The topic(s) presented:
 2. The amount of time spent on the topic(s):
 3. The name of the staff who attended the training:
- Survey has to be able to read the employee's name!
- The amount of time spent training on applicable topics (relating to resident care) needs to be clearly documented!

Example:

Date: July 13, 2016

Monthly Staff meeting

2:00 pm – 3:30 pm

Topics covered:

- New policies: dress code/uniforms, use of phones during work.
- Using fire extinguishers
- Transfer training: Mary Smith, Physical Therapist
 - How to use a Hoyer Lift and a SARA Lift.
 - Total time: 60 minutes.
- Note that while the meeting itself was documented to be 1.5 hours long, only the transfer training would be counted as applicable training toward meeting the rule.



Memory Care Training

- OAR 411-057-0150 states: “A memory care community must ensure that staff who provide support to residents with dementia have a basic understanding and fundamental knowledge of the residents' emotional and unique health care needs.
- Direct care and other staff must be trained on the topics outlined in Table 1. These requirements are in addition to the facility licensing requirements for training.
- Persons providing or overseeing the training of staff must have experience and knowledge in the care of individuals with dementia.”

Interpretations

- Table 1 can be found at the end of the rules. It includes additional training requirements for:
 1. Pre-Service Orientation
 2. Training to be completed within the first 30 days of hire
 3. Annual In-Service Training
- **In-Service training:** An additional 4 hours of documented training annually that pertains to the physical and emotional needs of residents with dementia. This means a total of 16 hours annual training is required.
- Training to address the behavioral or health care needs of specific residents that could be utilized with future residents may be counted.

Meeting the Rule - here's what to do:

- The facility must show documentation that employees who work in the MCC have completed the required pre-service orientation prior to being scheduled on the unit, have completed training on the additional topics within 30 days of hire and have completed 4 additional hours of training annually that is specific to providing care to residents with dementia.
- It helps to identify the dementia-specific annual training clearly in the documentation.

Final Thoughts...

- Survey sees lots of examples of facilities trying to document the training they are providing. Here are a few suggestions:
 - Come up with a system that meets the rules.
 - The easier the system, the more likely it will be utilized.
 - Stick to your system.
 - Have a process for reviewing compliance, especially for annual training.
 - Be able to explain your system to survey.

Thanks for your attention and
participation!

CBC Survey Team
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